## **Business Certificate for Partners**

**The undersigned do hereby certify** that they are conducting or transacting business as members of a partnership or limited liability partnership under the name or designation of

		(/	Name of Partnership)			
at						County of Erie,
	(Street Address)			(City / Town)		
State of New Y	ork	·				
						the full names of ho may be infants,
(Name)	(Include age ONLY if u	inder 18 years)	(Street Addres.	s – city/town, state ar	nd zip code)	
(Name)	(Include age ONLY if u	under 18 years)	(Street Addres	s – city/town, state ar	nd zip code)	
(Name)	(Include age ONLY if u	under 18 years)	(Street Addres	s – city/town, state ar	nd zip code)	
(Name)	(Include age ONLY if u	under 18 years)	(Street Address	s – city/town, state ar	nd zip code)	
(add additional pag	ges, if necessary to s	show additional n	ames)			
We d	o further ce	<b>ertify</b> that w	e are successo	ors in interest	(Name of partne	ershin)
					(name or parare	
the person or p	ersons heretofo	re usina such	name or nam	es to carry on	or conduct or	transact business.
		_		•		
In W	tness Wher	<b>eof,</b> we have	e signed this c	ertificate on th	ne day	of,
					(date)	(month)
(year)						
(/ ==-/		(sign and print nar	me)			
(add additional pag	ges,	(sign and print nar	ma)			
if necessary for additional signature	ac)	(sigii and print nai	ne)			
additional Signatur	23)					
		(sign and print nar	me)			
		(sign and print nar	me)			
State of New York County of Erie	} SS.:					
On the day	of	,be	fore me, the und	ersigned, persona	lly appeared	
subscribed to the v	o me or proved to n vithin instrument and ir signature(s) on th	d acknowledged t	to me that he/she	they executed th	ne same in his/he	name(s) is (are) r/their capacity(ies), and
Affix seal/stamp			(Signature and	office of individual ta	akina acknowledaema	ent)